Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel,
Participant's contact information, including email address, and that of its counsel, if any:
Participant's Name: LICIAN L. LORRES (RRACA)
Participant's Address: Columbus, 3.A.3.907
Participant's Email Address: ///antorzesozenca@gmail.com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 1763/D Law89-1979 Uniform REFRIBUTION
Nature of Claim: LAW89-1995 ROMERAZO
By: Sifflaffees Mich
Signature ()
Print Name
Title (if Participant is not an individual)
October 28, 2021
Date

Line Case:17-03283 LTS De0#:19042-1 Filed:11/03/21 Entered:11/03/21 11:44:22 Pro se Notices of Participation Page 2 of 112 4908 BrightstAR LANE Columbus, SA 31907





Discovery notice to the Court's Clerk's office of: United State District Court, Clerk's Office 150 AUE Carlos Charden Ste. 150 Sare Juan, P.R. 00918-1767

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any: Participant's Name: Participant's Address: Participant's Email Address: Name of Counsel: none Address of Counsel: none Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: Nature of Claim: ignature Title (if Participant is not an individual) Date

Lydia E. Gerdian Lord. Sen Lovenzo A-7 Calle 2 San Lovenzo, P.R. 00754

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United States District Cource Clerk's Office
150 Ave. Carles Chardon
150 Ave. Carles Chardon
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Case:17-03283-LTS Doc#:19042-1 Filed:11/03/21 Entered:11/03/21 11:44:22 Desc Pro se Notices of Participation Page 5 of 112

Participant must provide all of the information below in English:

	ticipant's contact information	n, including email add	lress, and that of its	counsel,
if a	any:	0 -	1	
Participant's Name	: Curment	Zayas Go;	Lmays	
Participant's Addre	ess: Ulb. Tierry S	auto B& D	Ila 162, PR.	0076
Participant's Emai				p. 5
Name of Counsel:		-		
Address of Counse	al:			
Email Address of	Counsel:			
2. Par	ticipant's Claim number and	the nature of Particip	oant's Claim:	
Claim Number:	117	960		
Nature of Claim:	Public Emp	byeex Peasion	efletiree cl	aines
By: Carme	7-112	+		21
Signature		Est mayor	L CAR	N R
Grin	gen Vilda Zayus	Est nayor	* S 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	NG AG
Print Name			SEC.	2 · E
			583	2 7
Title (if Par	rticipant is not an individual)	*\$ A	جر ب
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Date	1/30/1			

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Participant must provide all of the information below in English:

1. Participant if any:	's contact information, including email add	ress, and that of its	counsel,
Participant's Name:	Carmen Wilde Faye	Solonuy	2
Participant's Address:	Ulb. Tierry South 188 U	Villalba, P.K	:0076
Participant's Email Addre	ss:		, was
Name of Counsel:			
Address of Counsel:			
Email Address of Counsel			
2. Participant	's Claim number and the nature of Participa	ant's Claim:	
Claim Number:	118943		7 5
Nature of Claim:	Public Employee Cla	Alpeda E	7
By: Carmen No	Ida Jayas Satemayar	500 N C	T1
Signature	Zujas Sofimaejo		1
Carned D	Zuyas Sofimaeje	3	5
Print Name			
Title (if Participan	t is not an individual)		
1-0ct-	2021		

<u>Instructions for Filing Notice of Participation</u>: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Date

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Case:17-03283-LTS Doc#:19042-1 Filed:11/03/21 Entered:11/03/21 11:44:22 Desc: Pro se Notices of Participation Page 9 of 112

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any:		
Participant's Name: Cormen R. Riveho	Vidot	
Participant's Address: Urb. Country Club Me		liste, PR 0098
Participant's Email Address: Criverita 883 @ gmars	L. com	77
Name of Counsel:		
Address of Counsel:	-	
Email Address of Counsel:		2/
2. Participant's Claim number and the nature of	Participant's Claim:	
Claim Number: 17 BK 3283 - LTS		
Nature of Claim: Seenesa Title TII	.=	***
By: Asker Value Valot Signature Signature Silvers Videt Print Name	SAN JUAN. PR	RECEIVED & FILED
Title (if Participant is not an individual) Date		27

Case:17-03283-LTS Doc#:19042-1 Filed:11/03/21 Entered:11/03/21 11:44:22 Pro se Notices of Participation Page 10 of 112 Desc:

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Case:17-03283-LTS Doc#:19042-1 Filed:11/03/21 Entered:11/03/21 11:44:22 Desc Pro se Notices of Participation Page 11 of 112

Participant must provide all of the information below in English:

Participant's contact information including

if any:	information, including email address, and that of its	counsel,
Participant's Name:	Velvet Hernandez Vazquez	
Participant's Address:	P.O. Box 1905 Vega Baja, P. R	.0069
Participant's Email Address:	hernandez v 106533 egmail com	
Name of Counsel:	,0	
Address of Counsel:		
Email Address of Counsel:		
Claim Number: Nature of Claim:	laim number and the nature of Participant's Claim:	
By: Signature Velot Hernance Print Name Oficinista Title (if Participant is no 27 Le septiem) Date		RECEIVED & FILED 2021 NOV - 2 PM 3: 27

<u>Instructions for Filing Notice of Participation</u>: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

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Case:17-03283-LTS Doc#:19042-1 Filed:11/03/21 Entered:11/03/21 11:44:22 Desc: Pro se Notices of Participation Page 13 of 112

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel.

if any:
Participant's Name: Carmen M. Vega Perez
Participant's Address: Box 760 Hormigueros P.R. 00660
Participant's Email Address: Luisacosta 2123 @ gmail . com
Name of Counsel: Departamento de Educación/Estado Ligre
Address of Counsel: Puerto Rico / Assida
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 167903
Nature of Claim: Demenda ganada por empleados del gobierno de
By: Garnen M. llegn Perky Signature P. R.
Carmen M. Vega Perez
Print Name
=====================================
Title (if Participant is not an individual)
3 octubre 2021
Date

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Case:17-03283-LTS Doc#:19042-1 Filed:11/03/21 Entered:11/03/21 11:44:22 Desc: Pro se Notices of Participation Page 15 of 112

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:				
Participant's Name:	Kubén O.	González	Velez	
Participant's Address:	HC 3 Box	36/25 San	Sebastic	<u>an P.Ro</u> 0685
Participant's Email Address	s: Ramboglez	velez29@	gmail.	com
Name of Counsel:		1,		
Address of Counsel:	4		X4	
Email Address of Counsel:				-
2. Participant's	Claim number and the n	nature of Participant's	s Claim:	
Claim Number:	157200		E	
Nature of Claim:				No
By: Mos Bons	14		3	
Signature	nzaler Vélez		NEW SERVICE	<u>H</u>
Ruses O. Go. Print Name	nzalez Velez		-2 S'S 0	60
1 Int Ivame			200 P	7
Title (if Participant	is not an individual)		3: 27	C
9/21/202	2/			
Date				

C 3 Box 36125, San Sebastián P. R. 00685 González Vélez

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Case:17-03283-LTS Doc#:19042-1 Filed:11/03/21 Entered:11/03/21 11:44:22 Desc Pro se Notices of Participation Page 17 of 112

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

ii aiiy.	
Participant's Name:	Julio Morgles Muniz
Participant's Address:	HC-09 Box. 2071 Ponce P.R. 2073
Participant's Email Address:	Juliamorales munizio gmail Cam
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's	Claim number and the nature of Participant's Claim:
Claim Number:	ND. 14 BK 3283-LTS
Nature of Claim:	Promesa Titulo III
By: Signature	ECEIV SAN
Julio Morale Print Name	
Labor Title (if Participant is	~ <u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </u>
9/10/202 Date	

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Case:17-03283-LTS Doc#:19042-1 Filed:11/03/21 Entered:11/03/21 11:44:22 Desc Pro se Notices of Participation Page 19 of 112

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any: Participant's Name: Participant's Address: Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: Claim Number: Nature of Claim: By: Print Name Title (if Participant is not an individual)

Vega Baja, P.A. 00693 Nilsa Lozada (nz HC 5 BOX 46739 RECEIVED & FILED 721 NOV -2 PM 3: 7021 1970 0000 7085 0924 San Juan, P.R. Clerk's Office, 150 Ave. Carlos Chardon Ste. 150 ed States District Court, The second secon 00918-1767



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Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's N	Name:	William	sortes Rod	rguez				 ×
Participant's A	Address:	Salida Bo			howi	5,8	. Po . 1	20770
Participant's E	Email Address:							_
Name of Cour	nsel:							-
Address of Co	unsel:							_
Email Address	s of Counsel:							CONTRACT
2.	Participant's	Claim number and	the nature of P	articipant's	Claim:			
Claim Number	r:	1781	6 3283 -	LTS	ě	ę.	E	_
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Oricanis, P.A. 00720

SAM JUAN, P.

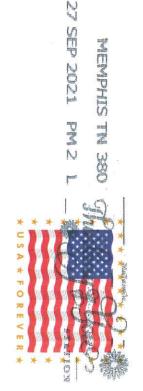
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United States District Court
Cherk's Office 150 tre.
Carlos Chardon Ste. 150,
Son Juan, P.A. 00918-1767

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Case:17-03283-LTS Doc#:19042-1 Filed:11/03/21 Entered:11/03/21 11:44:22 Pro se Notices of Participation Page 23 of 112

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel, if any: Participant's Name: Participant's Address: Participant's Email Address: Oct Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: Nature of Claim: Signature Title (if Participant is not an individual) 13-octubre-2021

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2- NON 1201 San Juan P.R 00918-1767

Carlos Chardon Ste. 150

Ada H. Castrodad P.R.1 Box 2215-1 Oldra, P.R. 00739

UlerK's Justed States District Court Office 150 Ave.

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Case:17-03283-LTS Doc#:19042-1 Filed:11/03/21 Entered:11/03/21 11:44:22 Desc Pro se Notices of Participation Page 25 of 112

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:		
Participant's Name:	Eneida Ortiz Ruiz	
Participant's Address:	501 Carr. 171 Cidra, P.R 00739	
Participant's Email Address:	eneida ortiz ruiz @ Out Look, com	
Name of Counsel:		
Address of Counsel:	· · · · · · · · · · · · · · · · · · ·	
Email Address of Counsel:		
2. Participant's C	laim number and the nature of Participant's Claim:	
Claim Number:	176095	
Nature of Claim:	Wages Back Pay Promesa Title IT	>
By: needal	10.17 BK9283-LT3	3
Fine da Or his Print Name Title (if Participant is Date	Received a super s	

Ira, P.R. 00739 CONTR-170030

Case:17-03283-LTS Doc#:19042-1 Filed:11/03/21 Entered:11/03/21 11:44:22 Desc: Pro se Notices of Participation Page 27 of 112

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:
Participant's Name: Dovis N. R. Niz Muniz
Participant's Address: 1051 Calle 3 SE Cond Medien Plaza Apt 613
Participant's Email Address: NA June PR 10931-3011
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 17 - 3544
Nature of Claim: Department of Education - Public - Employee
By: Daw May
Signature
Print Name
Print Name
Title (if Participant is not an individual)
Sent 29-2021
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Case:17-03283-LTS Doc#:19042-1 Filed:11/03/21 Entered:11/03/21 11:44:22 Desc Pro se Notices of Participation Page 29 of 112

1.

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel.

ii any:
Participant's Name: Helen Rosado Maldonado
Participant's Address: 12/0 Campeche 51. Pyento Noevo, 50
Participant's Email Address: hrosado 13 @ yahoo.com
Name of Counsel: Prime Clerk LLC
Address of Counsel: Grand Central Station P.O.Box 4850 New
Email Address of Counsel: <u>Puertorico info@primeclerk.eom</u>
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: No. 17BK 3283- LTS
Nature of Claim: PROMESA Title III
By: Gelen Rosado Waldonsdo
Signature
Helen Rosado Maldonado
Print Name
Individual & Book & Book
Title (if Participant is not an individual)
August 16, 2021
Date



Case:17-03283-LTS Doc#:19042-1 Filed:11/03/21 Entered:11/03/21 11:44:22 Desc Pro se Notices of Participation Page 31 of 112

SRF 55923

1.

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

if any:
Participant's Name: Manuel A. Sevilla Estela
Participant's Address: Urb. Montecasino 425 Caoba, Too
Participant's Email Address: mase 1582 a gmail.com
Name of Counsel: None
Address of Counsel: None
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 17 BK 3283-LTS
Nature of Claim:
By: M Deullo SEG & B
Signature
Manyel Sevilla
Print Name
Title (if Participant is not an individual)
Sept. 10, 2021
Date

Urb. Montecasino 125 Calle Cacba Toa Alta, PR00958

Sevilla

CLERK'S OFFICE S. DISTRICT COURS SAN JUAN, P. !!

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United States District Court Clerk's Office 150 Ave Carlos Chardon Ste. 156 San Juan, PR 00918-1767

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Case:17-03283-LTS Doc#:19042-1 Filed:11/03/21 Entered:11/03/21 11:44:22 Pro se Notices of Participation Page 33 of 112 SRF 55923

Participant must provide all of the information below in English:

1. Participant's contact information, includin if any:	g email address, and that of its counsel,
Participant's Name: Aida L. Va.	RELA NegRON
Participant's Address: Hc-71 Box 2923-1	VARANJito, P.R. 00719-9430
Participant's Email Address:	= = =
Name of Counsel: None	125 4 2
Address of Counsel: None	
Email Address of Counsel: None	
2. Participant's Claim number and the nature of	of Participant's Claim
Claim Number: No. 17 BK 3283 - 6	
	F. the governent of the Counavire 1/2 P.R.
by. and I. Valla "Ilegran	THE TO THE SHEET AS HE SEE SEE SHEET AS THE
Aida L. Varelanegror	
The Cousson Wealth of Precto Rico The English Title (if Participant is not an individual) of the Co.	04055 Retirement System of the Covernment
Sept 11-2021 Date	Toron weer in egr p.K.

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in In re Commonwealth of Puerto Rico, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

MARAU ito, PIZ 00719-9430 Hc-71 Box 2923

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United State District Count, Count's Olerk's Office

00918-170625 AN JUNION P. R. 00918-1767 aclos Chardon, Suite 150 Merk's Office, 150 Ave.

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Case:17-03283-LTS Doc#:19042-1 Filed:11/03/21 Entered:11/03/21 11:44:22 Desc Pro se Notices of Participation Page 35 of 112

Participant must provide all of the information below in English:

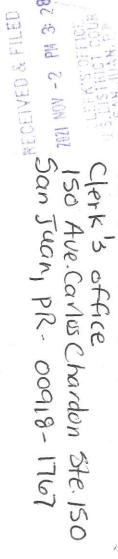
1.

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name:	Mirna Esther Roca Troche
Participant's Address:	Mirna Esther Roca Troche E42-Calle 10 Urb-Isabel LaCatolica Aguada, PRODGOZ
Participant's Email Address:	Aguada, PR 00602
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	mrocatro@hotmail.com
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number:	178328
Nature of Claim:	Public Employee Claims
By: Miria ER Signature	ou Tinte
Mirna Est. Print Name	her Roca Troche
	28
Title (if Participant is	not an individual)
13 octubi	4 2021
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Case:17-03283-LTS Doc#:19042-1 Filed:11/03/21 Entered:11/03/21 11:44:22 Desc SRF 55923 Pro se Notices of Participation Page 37 of 112

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any:
Participant's Name: I leane Wilm Del Hoyo
Participant's Address: Villa Andalucia N-56 Alore 5 an
Participant's Email Address: Colon ileana 33 @ gmail-com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 107858
Vature of Claim: 513 tema Return E CA
By: 2/ooner all
Signature Ileano (a) &
Print Name
78
Title (if Participant is not an individual)
17-octubre 2021
Date

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Case:17-03283-LTS Doc#:19042-1 Filed:11/03/21 Entered:11/03/21 11:44:22 Desc: Pro se Notices of Participation Page 39 of 112

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:					
Participant's Name:	Jose A De	Leon Tones			
Participant's Address:	PU BOX 129	6 Guayam	a P.R	00	185
Participant's Email Address:	jode leon 1	grail. co	m		
Name of Counsel:		4,	i de la companya de		
Address of Counsel:		·			
Email Address of Counsel:		·			
2. Participant's C	laim number and the nat	ure of Participant's C	laim:		
Claim Number:	17 BK 35	ef3-LTS			
Nature of Claim:	Prohesa	Title III	10°E		EC
By: Signature Jose A De Co Print Name	eon Toms		AN JUAN DE	OV -2 PN 3: 28	IVED & FILED
Title (if Participant is 9 29 707 Date	not an individual)		/		

José De Lean Tomes Po Bar 1296 Guayana P.R 00785

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United States District Court Clerk's Office 150 Ave. Carlos Chardin Ste. 150 San Juan, P.R. 00919-1767

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Case:17-03283-LTS Doc#:19042-1 Filed:11/03/21 Entered:11/03/21 11:44:22 Desc SRF 55923 Pro se Notices of Participation Page 41 of 112

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any:	,		
Participant's Name:	Jose D. Crespolieler		
Participant's Address:	Calle 14 2-26 Bayant Gde Crespolulez: Qquail. Co	us Baya	un PR
Participant's Email Address:	Crespoblez : Qquail- a	ч	
Name of Counsel:			
Address of Counsel:			
Email Address of Counsel:		1	
2. Participant's C	Claim number and the nature of Participant's	s Claim:	
Claim Number:	17 BY 3283-LTS	E	3 8
Nature of Claim:	Chicago Contractor (CA)	\$300	2 E
By: Jul Cel			2 7
Signature Je D Curpo bel	1		200
Print Name			
Title (if Participant is			
Date	202/		

Case:17-03283-LTS Doc#:19042-1 Filed:11/03/21 Entered:11/03/21 11:44:22 Desc Pro se Notices of Participation Page 42 of 112

Participant must provide all of the information below in English:

 Participant's contact information if any: 	on, including email address, and that of its counsel,
Participant's Name:	Cuspo buler
Participant's Address: Calle 14 8	- 26 Bayous Godens
Participant's Email Address: Crespoveler	je guart. Com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim number and	I the nature of Participant's Claim:
Claim Number: 17 BK 3	283-275
Nature of Claim:	r jes - 1
By: Signature	
Jise D Curps Viller	
Print Name	And of the second
Title (if Participant is not an individual	
Date - 2021	

Case:17-03283-LTS Doc#:19042-1 Filed:11/03/21 Entered:11/03/21 11:44:22 Desc Pro se Notices of Participation Page 43 of 112

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any:		
Participant's Name:	Jose D. Crupo Viler	3 5 1
Participant's Address:	Lose D. Crupo Vélez Colle 14 R-26 Bayonie Ga	dens
Participant's Email Address:	and the second s	
Name of Counsel:		
Address of Counsel:		
Email Address of Counsel:	The state of the s	
2. Participant's C	Claim number and the nature of Participant's C	laim:
Claim Number:	17 84 3283 - 475	3 7
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Case:17-03283-LTS Doc#:19042-1 Filed:11/03/21 Entered:11/03/21 11:44:22 Desc: SRF 55923 Pro se Notices of Participation Page 45 of 112

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any:					
Participant's Name: Enid	Rodriquez	Negron			
Participant's Address: Dulces	Labios call	Negron Quintana 74	Mayaq	uez	P.R.
Participant's Email Address: _srarod					2:
Name of Counsel:	, <u> </u>	***			
Address of Counsel:			15 , 1		10
Email Address of Counsel:		r. · · · · · ·			1 3 10
Participant's Claim numb Claim Number:	er and the nature	e of Participant's C	iaim;	d	
Nature of Claim: By: Signature Signature	Negun		\$2 \$2 \$2	7071 NOV	RECEIVE
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Title (if Participant is not an indi	vidual)			0	
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From: Enid Radriquez Mayagüez, P.R. 00682 Puintana#74°D.L

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150, San Juan, P. R. 00918-1767

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Case:17-03283-LTS Doc#:19042-1 Filed:11/03/21 Entered:11/03/21 11:44:22 Desc: SRF 55923 Pro se Notices of Participation Page 47 of 112

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel.

1.

if any:	11.151 / 1
Participant's Name:	Celius Echevarna Osono
Participant's Address:	93. Calle Florida Isabela, PR 00662
Participant's Email Address:	celines 595 @gmail.com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's C	laim number and the nature of Participant's Claim:
Claim Number:	eg a linearidate in the same
Nature of Claim: By:	
Celinus Echwar	The state of the s
Print Name	
Supervisora	
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Date	

Case:17-03283-LTS Doc#:19042-1 Filed:11/03/21 Entered:11/03/21 11:44:22 Desc Pro se Notices of Participation Page 49 of 112

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any: Participant's Name: Participant's Address: Participant's Email Address Name of Counsel: Address of Counsel: now Email Address of Counsel: None 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: Nature of Claim: By: Signature Title (if Participant is not an individual)

Case:17-03283-LTS Doc#:19042-1 Filed:11/03/21 Entered:11/03/21 11:44:22 Desc: Pro se Notices of Participation Page 50 of 112

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Case:17-03283-LTS Doc#:19042-1 Filed:11/03/21 Entered:11/03/21 11:44:22 Desc SRF 55678 Pro se Notices of Participation Page 51 of 112

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any:	* 4			
Participant's Name:	Viviana Santiago Colon		22	
Participant's Address:	PO Box 9797 San Juan, PR	0091	28	
Participant's Email Address:	livianas_13 @ yahoo.com			15
Name of Counsel:	- J	24		
Address of Counsel:				
Email Address of Counsel:				
2. Participant's Cl	claim number and the nature of Participant's Claim	:		
Claim Number:				
Nature of Claim: By: Signature	2	SAN JI	791 MOV - 1	RECEIVEL
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Participant must provide all of the information below in English:

	ontact information, including email add	lress, and that of its counsel,
if any: Participant's Name:	Carmen L. Rodri	quer Custadio
Participant's Address:	104 Villas del Sav	DOGGO
Participant's Email Address:	carmencita 24 411 a	guail o com
Name of Counsel:		
Address of Counsel:	The second of th	
Email Address of Counsel:	A Para la la carriera de la carriera del carriera del carriera de la carriera del la carriera de	
	Claim number and the nature of Particip	ant's Claim:
Claim Number:		0.0
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By: Signature	Aumento de saeldo Iregez reflégo,	1 Romers 50
Caymen L. A	Rodriguer Custadio	NOV -2
Title (if Participant is	not an individual)	i i i i i i i i i i i i i i i i i i i
14 Septien	bre 2021	



Case:17-03283-LTS Doc#:19042-1 Filed:11/03/21 Entered:11/03/21 11:44:22 Desc Pro se Notices of Participation Page 55 of 112

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

II ally.				
Participant's Name:	Olmeda (Pastro Do	iniel	
Participant's Address:	He 15 Bip	1539 r	timecas	PR0079
Participant's Email Address	olmeda 83 @	gmail-con	<u></u>	
Name of Counsel:	*Ditted 1			
Address of Counsel:				4
Email Address of Counsel:				
2. Participant's	Claim number and the na	ture of Participant's	s Claim:	
Claim Number:	160	131		****
Nature of Claim:	Pension	/ Retiree (Tain	-158
By: Signature		a land	STATE OF THE PERSON OF THE PER	ECEIVE
Dan Umeda Print Name	Castro	M. Martin, Processor States	The same of the sa	2 E
Title (if Participant is	s not an individual)		most P	79 □
Date	4			

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Case:17-03283-LTS Doc#:19042-1 Filed:11/03/21 Entered:11/03/21 11:44:22 Desc: Pro se Notices of Participation Page 57 of 112

Participant must provide all of the information below in English:

if any:
Participant's Name: Roman Pashana Sandova /
Participant's Address: RR 6 Box 111 +3 B. apey AHO, Son Juan P.
Participant's Email Address: Maria. amodo 1 @ gmail.com
Name of Counsel: No we
Address of Counsel: Nowe
Email Address of Counsel: No we
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 173263
Nature of Claim: Sabry and Rension
By: 6/251
Signature / / / /
Print Name
Title (if Participant is not an individual)
Deptember 20, 502/
Date 7

ROMAN PASTRANA SANDOVAL RR6 BOX 11143 BO. CAPEY ALTO SAN JUAN, P.R. 00926

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Case:17-03283-LTS Doc#:19042-1 Filed:11/03/21 Entered:11/03/21 11:44:22 Desc: Pro se Notices of Participation Page 59 of 112

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel,
if any:
Participant's Name: Noman lasta wa Sandova
Participant's Address: RR6 Box 11143 b Capey Alto, San Juan P.R. 00926 Participant's Email Address: Maria em doo 1 @ 9 mail. com
Participant's Email Address: Maria, em doo 1 @ 9 mail. com
Name of Counsel: Now e
Address of Counsel: Wa we
Email Address of Counsel: Now 4
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 17 32 63
Nature of Claim: Salary and Pension
By: 2 Pot 4
Signature
Restant Sandaya = 50 % 5
Print Name
Title (if Participant is not an individual)
Date 30 202/

ROMAN PASTRANA SANDOVAL RR6 BOX 11143 BO. CAPEY ALTO SAN JUAN, P.R. 00926

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1.

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

ii any:	
Participant's Name:	Homell Vázquez Correa
Participant's Address:	HC-01 Box 8490 Gurabo P.R. 00778
Participant's Email Address:	Vazquezhomelloz@gmail.com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number:	The Marine property of the second
Nature of Claim:	
By:	E E E
Signature	TOX 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
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Case:17-03283-LTS Doc#:19042-1 Filed:11/03/21 Entered:11/03/21 11:44:22 Desc: Pro se Notices of Participation Page 63 of 112

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:
Participant's Name: Emilio Rodriguez Kodiguez
Participant's Address: Hc 03 Box 36934, Son Se hostina PROOL85
Participant's Email Address: Contabilidad Clase a @ yahar Com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 169 921
Nature of Claim: Debts Claimed Department OF Agriculture
By: Signature
Emilia Rodriguez Rodriguez Print Name
Seif Applicant Title (if Participant is not an individual)
9/28/21 Date

EMILIO RODRIGUEZ RODRICUEZ HC 03 BUZON 36934 SAN SEBASTIAN, PR 00685

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Participant must provide all of the information below in English:

1. Participant's c if any:	contact information, ir	ncluding email addr	ress, and that of it	s counsel,
Participant's Name:	Ernesto		116.	2
Participant's Address:	HC 22 Box			
Participant's Email Address:	annettero	diguer 62	a) Smail.	com
Name of Counsel:	<u> </u>			
Address of Counsel:				
Email Address of Counsel:				
2. Participant's (Claim number and the		nt's Claim:	
Claim Number:	17 BK 3	283-L1	5	
Nature of Claim:	fifh Ame	nded till	e III Joi	nt plan
By: Signature Rolly	Of adjusme	nt of comm	busleaute	A PARTICIPATION OF THE PARTICI
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Title (if Participant is	not an individual)			3 E
Date				

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150, San Juan P.B. 00918-1767

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Case:17-03283-LTS Doc#:19042-1 Filed:11/03/21 Entered:11/03/21 11:44:22 Desc: Pro se Notices of Participation Page 67 of 112

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any: Domingo Rivera Centeno Participant's Name: Participant's Address: 191 Barrio Centene as T Cidra P.R.00039

Participant's Email Address: domingo O1. dr & gmail. Com Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: NO.17BK3283-LTS Claim Number: Veta ir ment Nature of Claim: Signature Title (if Participant is not an individual) 15 Sept. 2021 Date



Case:17-03283-LTS Doc#:19042-1 Filed:11/03/21 Entered:11/03/21 11:44:22 Desc Pro se Notices of Participation Page 69 of 112

Participant must provide all of the information below in English:

	contact information, including email address, and that of its counsel,
if any:	
Participant's Name:	Glena Marrero Mora
Participant's Address:	Calle Crisplina #825 Urb. Verde Mar Punta Santiago, Humacao P. R. 0074
Participant's Email Address:	emarreromora @gmail. com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's	Claim number and the nature of Participant's Claim:
Claim Number:	17BK 3283-LTS
Nature of Claim:	Promesa Title to
By: <u>Clena Mass</u> Signature	reis Mera
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Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	1		
Participant's Name:	Hugel	L. Soto	Son Inocencia
Participant's Address:	Uilla An	dalucia, All	San Inocencia brast N-56, San J Qyahoo.com
Participant's Email Address:	P.17. 00724	9/55153	Qyahoo.com
Name of Counsel:		4	- ***
Address of Counsel:			
Email Address of Counsel:	19		*
2. Participant's C	Claim number and th	ne nature of Participar	nt's Claim:
Claim Number:	1741	137	
Nature of Claim:	Sistem	a Retird	ELA
By: Signature	4		MECO MECO
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and the state of t			25 3 5
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Case:17-03283-LTS Doc#:19042-1 Filed:11/03/21 Entered:11/03/21 11:44:22 Desc Pro se Notices of Participation Page 73 of 112

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

if any:
Participant's Name: Luz M. Santos Feliciano
Participant's Address: Pardin & de Berwind Edf- Dr Apto 28-
Participant's Email Address: 4250105 27.15 @ gmail - Com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim: Claim Number: B. P. 3283 - L+5 Nature of Claim: By: Signature Luz. M. Sartles Feliciano Print Name Tricle (if Participant is not an individual) 9-18-203 Date

Desc: 00924-3124 00918-170399 22 OCT 2021 PM 2 W. 00918-1767

Case:17-03283-LTS Doc#:19042-1 Filed:11/03/21 Entered:11/03/21 11:44:22 Desc Pro se Notices of Participation Page 75 of 112

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Participant must provide all of the information below in English:

1. Participant	's contact information, including er	mail address, and that of its counsel,
if any:		0 1
Participant's Name:	Ochrief Martine	2 Bermuder
Participant's Address:	Polomes ABON, Sea	Low Higues Con 154 Comer Pe
Participant's Email Addre	ess: negromo-timer 1934	egnoil com.
Name of Counsel:	er <u>ender dinger</u>	da Sandi an SWINSTON (1) 1
Address of Counsel:		
Email Address of Counsel	1:	
2. Participant	's Claim number and the nature of I	Participant's Claim:
Claim Number:	134518	
Nature of Claim:		ADD THE
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Signature	4 /	
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Print Name		8 0
Title (if Participant	t is not an individual)	
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Case:17-03283-LTS Doc#:19042-1 Filed:11/03/21 Entered:11/03/21 11:44:22 Desc SRF 55923 Pro se Notices of Participation Page 77 of 112

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:
Participant's Name: ANO L. Ramos Maldona ov
Participant's Address: P. O. PSUX 20924. Son Juan, P.R. 60938-6424
Participant's Email Address: N-A
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim: Pack ID 1-14180
Claim Number: P.R. 1845 SRF 55903MM LID 2435883 Nature of Claim: The Commonwea 1th of Knewforkico. The employees
Nature of Claim: The Commowhan Ish of Knew to Rico. The employees
By: Ann J. Romes Justilional Retirement System of the Sommonweath
Ave L. RemosMaldonador Of Murto Rico
Print Name Nomes - Tilla TIT No 17Bk3283-L+ Signature Title 66 Participant in the limit of the
Title (if Participant is not an individual)
Supt 10- 2021 Date

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Case:17-03283-LTS Doc#:19042-1 Filed:11/03/21 Entered:11/03/21 11:44:22 Desc Pro se Notices of Participation Page 79 of 112

Participant must provide all of the information below in English:

if any

Participant's contact information, including email address, and that of its counsel,

II dily.
icipant's Name: Gerarch Rodriquez Maldonado
icipant's Name: Gerarch Rodriquez Maldonado He-oy Box 5782 Guay Na boRR 0097
cicipant's Email Address:
ne of Counsel:
lress of Counsel:
ail Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
im Number: 17 BK 3283 LTS
ure of Claim:
Signature Gerardo Rodriguez Malclonach
Signature Al/(
Aerordo Rodriquez Malchonacho Print Name
Title (if Participant is not an individual)
Octubre 16, 2021
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Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

1.

if any: Rey Francisco González Rivas Calle 20 x6 Urb. Jardines de Palmarejo Canovanas PR 00729 Participant's Name: Participant's Address: Participant's Email Address: vey gonzalez glez@gmall.com Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: 6783) ultimos 4 digitos del 5.5. Claim Number: Pension/retire Nature of Claim: By: Title (if Participant is not an individual) 30 de septiembre de 2021



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Urb. Jardines de Palmarejo Rey F. González Rivas Carrovanas PR-00729 Calle 20 X6

Ste 150, San Juan PR 00918-1767 Clerks Office 150 Ave. Carlos Chardon United State District Court.

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Case:17-03283-LTS Doc#:19042-1 Filed:11/03/21 Entered:11/03/21 11:44:22 Desc: Pro se Notices of Participation Page 84 of 112

Participant's contact information, including email address, and that of its counsel.

Participant must provide all of the information below in English:

1.

if any:		
Participant's Name:	Esther Cuevas Andújar	
Participant's Address:	107 Whitehall Way	
Participant's Email Address:	esther_cuevas 007 alyahoo.c	om
Name of Counsel:	J	
Address of Counsel:		Company of
Email Address of Counsel:	2000	
2. Participant's (Claim number and the nature of Participant's Clair	n:
Claim Number:	No. 17BK 3283-LTS	
Nature of Claim:	PROMESA Title III	B TOTAL
By: Cother Cuevas (Indijai	
Signature		POO N
Esther Cuer Print Name	vas Andujar	P 3 E
		9
Title (if Participant is	not an individual)	
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Date		

Rissimmee, Florida 107 Whitehall Way Cuevas 34758

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o: United

Dan Juan, P.R.

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Chardon

ffice, 150 Avenue

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name: Lizza Ivette Cole	on Colon
Participant's Address: Calle Bicardo Marti #	+58, Sector Mogote, Caye
Participant's Email Address: lizzacolon 97 @qma	il.com
Name of Counsel: N/A	
Address of Counsel: W/A	
Email Address of Counsel:	
2. Participant's Claim number and the nature of Par	rticipant's Claim:
Claim Number: 132338	
Nature of Claim: Ley 164 Escala	salarial
By: Signature	2021 NOV
Lizza I. Colon Colon	-2 E
Print Name	2-19 B &
Educadora	1980 3 E
Title (if Participant is not an individual)	39
22 de octubre de 2021 Date	

Sector Mogote Cayey, P.R. 00736

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an Juan, P.R. 00918-17

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Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any:
Participant's Name: Milggros Rivera Ortiz
Participant's Name: Milagros Rivera Ortiz Participant's Address: HC-01 Box 4448 Haunso P.R-0070
Participant's Email Address: Willian V 3 @gmail-com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim: Claim Number: 17 40 60
8 7
Nature of Claim: Jugar Corporation
By: Melago Kun Oct
Signature
Milagros River Ortiz
Print Name
Title (if Participant is not an individual)
Date Date

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Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:
Participant's Name: EVELYN LAUSELL VIOLA
Participant's Address: C/53 A # 2h-10 Urb. Lomas de Carolina, Participant's Email Address: evelyn. lausell5@gmail.com p.p. 00987
Participant's Email Address: evelyn. lausell5@gmail.com p.R. 00987
Name of Counsel:
Address of Counsel:
Email Address of Counsel: \(\sum_{A} \)
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 141085
Nature of Claim: Demanda a la Federación de
By: Eucly Touselle Viola Maestros
EVELYN LAUSELL VIOLA
Print Name
Time tvaine
Title (if Participant is not an individual)
21 Sept 202/
Date

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:
Participant's Name: Evelyn Lausell Viola
Participant's Address: C/53A # 2h-10 Urb Lomas de Carolina P.R. Participant's Email Address: evelyn-lausell5 pamail.com coo987
Participant's Email Address: evelyn-lausell5 pamail. com corollnapa
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 141085
Nature of Claim: Demanda a la Federación de Maest
By Gally aus Viola
EVELYN LAUSELL VIOLA
Print Name
Title (if Participant is not an individual)
21 de sept. 2021 Date

Case:17-03283-LTS Doc#:19042-1 Filed:11/03/21 Entered:11/03/21 11:44:22 Desc Pro se Notices of Participation Page 92 of 112

Participant must provide all of the information below in English:

1.

Participant's contact information, including 'email address, and that of its counsel,

Participant's Name:

Participant's Address:

Participant's Email Address:

Participant's Claim number and the nature of Participant's Claim:

Participant's Claim number and the nature of Participant's Claim:

Claim Number:

Nature of Claim:

Demanda a la Federación de Maestros

Signature

EVELYN AUSELC VIOA

Print Name

Title (if Participant is not an individual)

Title (if Participant is not an individual)

Case:17-03283-LTS Doc#:19042-1 Filed:11/03/21 Entered:11/03/21 11:44:22 Desc Pro se Notices of Participation Page 93 of 112

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

Participant's Name:

Participant's Address:

Participant's Email Address:

Participant's Email Address:

Participant's Email Address:

Participant's Email Address:

Participant's Claim Address:

Participant's Claim number and the nature of Participant's Claim:

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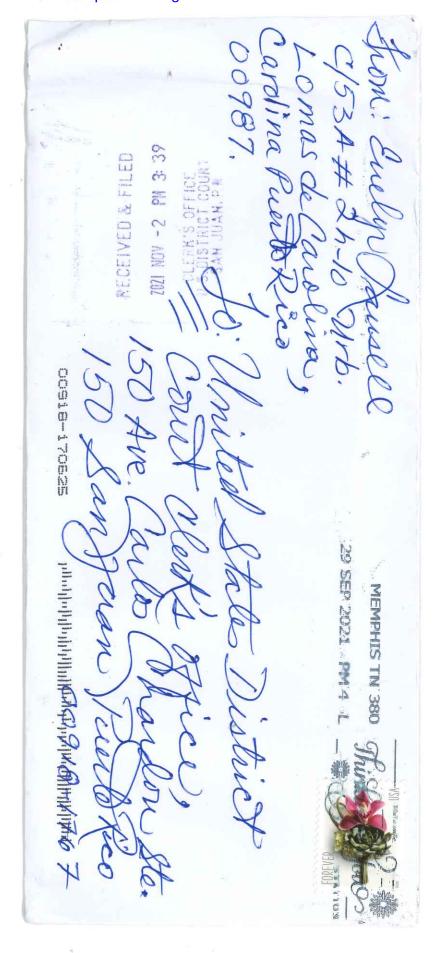
Case:17-03283-LTS Doc#:19042-1 Filed:11/03/21 Entered:11/03/21 11:44:22 Desc SRF 55923 Pro se Notices of Participation Page 94 of 112

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any: Participant's Name: Participant's Address: Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. Claim Number: ederación de Nature of Claim: Title (if Participant is not an individual) Date



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Participant must provide all of the information below in English:

-	's contact information, including email address, and that of its counsel,
if any:	
Participant's Name:	Rébecca González Correa
Participant's Address:	Urb. Monte Sol 378 Calle Alejita Morales Pere
Participant's Email Addre	ess: rebexygz@gmail.com / Juana Blaz, 172
Name of Counsel:	
Address of Counsel:	
Email Address of Counse	1:
2. Participant	s's Claim number and the nature of Participant's Claim:
Claim Number:	121616
Nature of Claim:	Pension Retiree
By: Signature	2 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
A TO KNOW AND REPORTED THE PARTY OF THE PART	zalez Correa
Print Name	
Title (if Participar	nt is not an individual)
	23, 2021
Date	

Juana Digz, PR 00795

Rebecca Gonzalez

United States District Court

150 Ave. Carlos Chardon Str. 150 Clerk's Office

San Juan, P.R. 00918-1767

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Case:17-03283-LTS Doc#:19042-1 Filed:11/03/21 Entered:11/03/21 11:44:22 Desc SRF 55923 Pro se Notices of Participation Page 98 of 112

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

ii aliy.
Participant's Name: Felix A. Estrada Egraía
Participant's Address: Urb. Sont Peresita GIZZ cash Sanclaus.
Participant's Email Address: Estrala Marangella) 6 Mail Com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 17 BK 3283 275
Claim Number: 17 BK 3283 275 Nature of Claim? Bonificación Especicial (Royarezo)
By: Of Ester fair
Signature 9 ad Confiny 1505 01 radotal)
Felix A. Estrate Garas Print Name
Prince Tiplo 111 Title (if Participant is not an individual)
Sept. 21. 2021 Date

1x A. Estrata Corció Son Claudia Ponce PRO0730

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Case:17-03283-LTS Doc#:19042-1 Filed:11/03/21 Entered:11/03/21 11:44:22 Desc Pro se Notices of Participation Page 100 of 112

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any: Monte Olivo 411 Calle Ocinis Da a P.R 00784 Participant's Name: Participant's Address: Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: Nature of Claim: Print Name Title (if Participant is not an individual)

Case:17-03283-LTS Doc#:19042-1 Filed:11/03/21 Entered:11/03/21 11:44:22 Desc:

Pro se Notices of Participation Page 102 of 112

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name: Bethraida Rogario Riv	era
Participant's Address: Urb. AH de Penuelas calle	7-E23 00624
Participant's Email Address:	
Name of Counsel: Common wealth of Pa	verto Rico
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim number and the nature of Participant's Cla	nim:
Claim Number: 178K 3283 - LT6	3 3 3
Nature of glaim: 1 Promesa III	SALE TO A
By: B-Chair lung	-2 0 &
Signature	Z 7 3 T
Bethzaida Rosario Rivera Print Name	33. 10
Departamento de Educación	
Title (if Participant is not an individual)	
23/9/21	
Date	

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Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

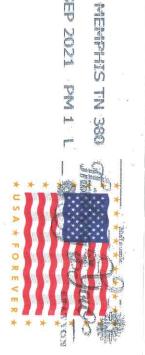
if any:	
Participant's Name:	Bethzaida Rosario Kivera
Participant's Address:	calle 7-E-23 Urb. AH-de Pénuelason
Participant's Email Address:	
Name of Counsel:	Commonwealth of Puerto Rica
Address of Counsel:	
Email Address of Counsel:	
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number:	17BK 3283-LT6
Nature of Claim:	Pramesa III
By: Signature	Diesa
Duling Manne	a Rosario Rivera
maestra Title (if Participant is	De partamento de Educación not an individual)
23/9/2 Date	
Date	

Enuelas, P.R. 00624. hzaida Robario Kive E-28 Urb. Alt. de

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Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:		
Participant's Name:	Sonte Funtance Pestiane	
Participant's Address:	RR 10 Box 10201 San Jun PRO	609
Participant's Email Address:	transportación. senicio grailran	
Name of Counsel:		
Address of Counsel:		
Email Address of Counsel:		
2. Participant's C	laim number and the nature of Participant's Claim:	
Claim Number:	17BK 3283-2TS	
Nature of Claim.	PROMESA TELLETIL	
By: Alux poli	Palene 2 2 2	
Signature	Frances VED	
Print Name	with C	
	THE REPORT OF THE PROPERTY OF	
Title (if Participant is r	not an individual)	
18-001-	2021	
Date	9	

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Case:17-03283-LTS Doc#:19042-1 Filed:11/03/21 Entered:11/03/21 11:44:22 Pro se Notices of Participation Page 107 of 112

Participant must provide all of the information below in English:

 Participant's c if any: 	ontact information, including email address, and that of its counsel,
Participant's Name:	Migdalia Bodriquez Rivera
Participant's Address:	Parc 476 Barahona Andres Narvaez Morovis
Participant's Email Address:	()00
Name of Counsel:	v .
Address of Counsel:	
Email Address of Counsel:	
2. Participant's C	laim number and the nature of Participant's Claim:
Claim Number:	23689
Nature of Claim	17BK 3283-LTS Promesa Titulo III
Signature Rock	ique Pivera
Print Name	and the second s
Title (if Participant is n	
Date 12	

Migdella Rodz Ruers
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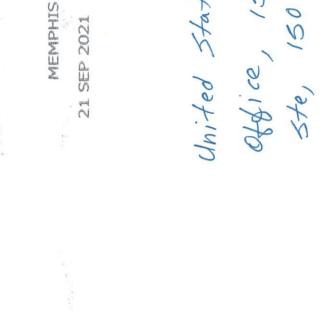
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Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

if any:	
	arez hivera
Participant's Address: Usb. Rio 6-ra	nde Hillis Calle B-67 Dil hill Rio Grande PROOTES
Participant's Email Address: 55 uarez 5/6	Q Hotmailrow. his Grande Photoris
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim number and the nature	e of Participant's Claim:
Claim Number: 151740	
Nature of Claim:	797
By: Loui draw kun	
Signature	FD -2
Sonia Syarer Rivers	OFFICE OFFI OFFI OFFI OFFI OFFI OFFI OFFI OFF
Print Name	
Title (if Participant is not an individual)	
10-500-2021	
Date	

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Sonia Suarez Urb. Rio Grande Hill Calle B-67 Rio Grande, PR 00745

Case:17-03283-LTS Doc#:19042-1 Filed:11/03/21 Entered:11/03/21 11:44:22 Desc: Pro se Notices of Participation Page 111 of 112

1.

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

if any: Participant's Name: 4505 Sec. Capilla, Cidra, P.R. 00739 Participant's Address: Participant's Email Address: ernesto atiz 1951 @ gmail com Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: Claim Number: ges Back Pay Promesa Title III No. 178K3Z Nature of Claim: By: Print Name Title (if Participant is not an individual) Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice

Entered:11/03/21
Page 1/12 of 1/12 Doc#:19042-1 Filed:11/03/21 Pro se Notices of Participation in nesto Luis Ortiz Ruiz ira, therto Rico 00739 Dec. United States District Court San Juan, P.R. 00 918- 1767 the Carlos Chardon 00918-170625 THE THE WAS